



State of Louisiana

Department of Health and Hospitals
Bureau of Health Services Financing

TO: INITIAL RURAL HEALTH CLINIC SUPPLIER
FROM: HEALTH STANDARDS SECTION (HSS)
RE: INITIAL MEDICARE/MEDICAID CERTIFICATION

PLEASE READ ALL INFORMATION CAREFULLY.

ENCLOSED IS A LIST OF FORMS TO BE COMPLETED AND SENT TO THE STATE OFFICE. CONTACT THIS OFFICE IF FORMS IDENTIFIED ON THE LIST ARE MISSING.

The application packet is designed to direct an applicant through the initial process as it relates to State licensing and Medicare/Medicaid Certification.

The Department of Health and Hospitals (DHH) shall not process an application until all Completed forms and required applicable accompanying information and the application fee are received. You must submit a copy of verification of your location qualifying as a site for a Rural Health Clinic. You may contact Kristy Nichols at (225) 342-3814 for this determination.

THE APPLICATION PROCESS WILL BE TERMINATED FOR APPLICANTS WHO HAVE NOT COMPLETED THE SUBMISSION OF ALL THE REQUIRED FORMS AND SUPPLEMENTAL INFORMATION WITHIN 90 DAYS OF THE INITIAL APPLICATION DATE. APPLICANTS WHO ARE STILL INTERESTED IN APPLYING MUST BEGIN THE INITIAL PROCESS WITH THE SUBMISSION OF A NEW APPLICATION FEE.

All applicable fees must be submitted by way of company check, cashier's check or money order payable to DHH. **Application fees are non-refundable.**

When all of the required forms and information have been received the State Office will notify you, in writing, how to proceed. The forms and information should be submitted to State Office approximately **six (6) weeks prior to your anticipated opening date.**

For State licensing, your facility must have approval from the following offices, in addition to, an on-site survey by this agency.

1. The Division of Engineering & Architectural Services
4615 Government Street
Bldg. 2, Floor 2
Baton Rouge, La. 70821-9196
(225)-922-1513
2. Office of State Fire Marshal
7919 Independence Blvd.
Baton Rouge, La. 70806
(225)-925-4270
3. Office of Public Health
Local Health Unit

A copy of these approvals must be submitted to this office before the process can proceed.

For participation in the Medicare program, all providers/suppliers must complete the HCFA 855 form, Medicare Federal Health Care Provider/Supplier Application for Health Care Providers or Suppliers. The application must be obtained from the provider/supplier's chosen fiscal intermediary or carrier. The Centers for Medicare and Medicaid Services (CMS) website located @ <http://cms.hhs.gov/providers/enrollment/default.asp> , contains a list of FIs and carriers by state and specialty. The FI/Carrier will answer any inquiries concerning completion of the enrollment application.

Please note that an initial certification survey of a new provider/supplier will be conducted only after the state agency has received notice from the FI or Carrier that the HCFA 855 form has been approved.

New providers/suppliers must be in operation and providing services to patients when surveyed. This means that at the time of the survey, the institution must have opened its doors to admissions, be furnishing all services necessary to meet the applicable provider/supplier definition and demonstrate the operational capability of all facets of its operations.

Current regulations require that the effective date of the provider agreement can be no earlier than the completion date of the survey, assuming all requirements are met. In the event that a deficiency is cited at the initial survey, the effective date will be no earlier than the date that the facility provides an acceptable Plan of Correction.

You are cautioned about accepting Medicare/Medicaid beneficiaries prior to confirmation by the Department of Health and Human Services Regional Office, in Dallas, Texas, of the effective date of the Health Insurance Benefits Agreement. You should notify the beneficiary or his representative, in writing, of beneficiary's financial responsibility in the program.

This agency is responsible for determining compliance with Medicare/Medicaid regulations and certifying its findings to the CMS Regional Office, which will make the decision as to whether you qualify for participation in the Medicare/Medicaid program. A provider/supplier participating in the Medicare/Medicaid program under this approval will continue to be eligible to participate until a determination of non-compliance is made.

For information regarding enrollment as a Medicaid provider or if you need a provider enrollment application, you should contact Unisys Provider Enrollment by calling (225)237-3370.

If you have any additional questions, you may contact this office at (225)342-0148. You may call 1-800-553-6847 to request the Federal Regulations and Interpretive Guidelines for your program.

Please Note: At the direction of the Dallas Regional office of the CMS, the Louisiana State Agency will no longer be making recommendations or inquiring about provider-based designation status. Prospective providers and/or suppliers that have questions as to whether they meet the criteria for provider-based designation are instructed to contact: Patty Rawlings with the CMS at (214) 767-4423.

FEE SCHEDULE

Initial Licensing.....	\$600.00
Annual Licensing Renewal.....	\$600.00
Change of Ownership.....	\$600.00
Delinquent Renewal Fee.....	\$600.00
Change of Name.....	\$25.00
Change of Address.....	\$25.00

INFORMATION/FORMS INCLUDED IN THIS PACKET:

Initial Supplier Memorandum

Licensing Application

Licensing Requirements

Federal Conditions for Certification

HCFA 29 - Application

HCFA 1561A- Health Insurance Benefits Agreement (3)

Fiscal Intermediary Preference/Fiscal Year End Date

HSS-1513L Disclosure of Ownership and Control Interest Statement

Lab Letter and Application

THE FOLLOWING INFORMATION/FORMS ARE TO BE RETURNED TO STATE OFFICE BY ALL APPLICANTS

Letter of Intent (Anticipated Opening Date)

Licensing Application

Licensing Fee

HCFA 29 - Application

HCFA 1561A- Health Agreement (3 Signed Originals)

Fiscal Intermediary Preference/Fiscal Year End Date

HSS-1513L Disclosure of Ownership and Control Interest Statement

Required Documentation/Site Approval Letter

Copy of on-site inspection report by the Office of State Fire Marshal

Copy of on-site inspection report by the Office of Public Health

8 x 11" Floor Sketch

Approval of Architectural Plan and Specifications reviewed by the Office of State Fire Marshal

Approval of Architectural Plan and Specifications reviewed by Division of Engineering and Architectural Services